5-part form, Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Garrett Wildey		COURT CASE NUMBER							
DEFENDANT Noble County Sheriff and	Officer Cle	TYPE OF PROCESS Civil							
NAME OF IN	DIVIDUAL,	COMPANY, CO	ORPORATION, ET	C. TO SERVE OR DE	SCRIPTION OF PROPERTY	TO SEIZE OR CONDEMN			
SERVE Noble Cour	ity Sheriff								
AT ADDRESS (S	treet or RFD,	Apartment No.,	City, State and ZIP	Code)					
[1		on, IN 46701							
END NOTICE OF SERVICE C	OPY TO REC	Number of process to be							
<u> </u>	***************************************	•••••	served with this Form 285						
Christopher C.' 809 S. Calhoun Fort Wayne, IN	St., Suite 4		Number of parties to be served in this case	2					
	10002		Check for service on U.S.A.						
AT ANY						Fold			
gnature of Attorney other Origin	ator requestir	TELEPHONE NUMBER	DATE						
Cu Mi	7-	PLAINTIFF DEFENDANT	260-424-0600	2/23/21					
SPACE BELOW FO	R USE	OF U.S. M							
acknowledge receipt for the total imber of process indicated. Sign only for USM 285 if more	Total Pro				ized USMS Deputy or Clerk	Date			
an one USM 285 is submitted)		No	No						
hereby certify and return that 1 [ration, etc., a	t the address sho	wn above on the on	the individual, compa	ny, corporation, etc. shown at	cs", the process described the address inserted below.			
I hereby certify and return that			lividual, company, c	orporation, etc. named	above (See remarks below)				
ame and title of individual serve		A person of suitable age and discretion then residing in defendant's usual place of abode							
ddress <i>(complete only differen</i> । t. १	aan shown ab	Date	Time au						
					Signature of U.S. N	1 1 darshal or Deputy			
Total Mileage including ende		warding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)				
				\$0.00					
EMARKS:									
<u>i</u> 1									
RINT 5 COPIES: 1. CLERK (YE THE COL	[D/P				EDITIONS MAY BE USE			

2. USMS RECORD

USMS, RECORD
 NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed, Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/80

5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Garrett Wildey							COURT CASE NUMBER					
DEFENDANT Noble County Sheriff and Officer Cleckner							TYPE OF PROCESS Civil					
N.	AME OF INDIVI	DUAL, COM	MPANY, C	ORPORATION, E	TC. TO SERVE OR DI	ESCRIPT	ION OF PROPERTY T	O SEIZE	OR CO			
SERVE J O	fficer Cleckner	, Noble C	ounty Ja	il						TIDE!		
- T				City, State and ZI.	P Code)							
	0 S. 7th Street											
SEND NOTICE OF S		Number of process to be served with this Form 285										
 Christ	opher C. Myer		30.70d With this I offin 205									
809 S.	Calhoun St., S		Number of parties to be served in this case		2							
Fort Wayne, IN 46802							SOLVER III UIIS CASE					
			1	ck for service J.S.A.								
SPECIAL INSTRUC	TIONS OR OTHE	R INFORM	IATION TI	HAT WILL ASSIS	T IN EXPEDITING SE	ERVICE (Include Business and A	Uternate	Address	es.		
All Telephone Numb	ers, ana Esumatei	t 1 tmes Ave	mable for .	Service):								
	Ý									Fo		
	ī											
Signature of Attampay other Only in												
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF										DATE		
CD A CE DEL	OW NOD Y	2			DEFENDANT		24-0600		2/23/21			
					ONLY DO NO	OT WI	RITE BELOW	THIS	LIN	E		
I acknowledge receipt for the total number of process indicated. : (Sign only for USM 285 if more) than one USM 285 is submitted.		tal Process District o		f District to Serve	Signature of Author	of Authorized USMS Deputy or Clerk		Date				
			No	No,								
haraby cartify and est	ym that I											
n the individual, com	pany, corporation,	etc., at the	servea , L address sho	have legal eviden wn above on the o	ce of service, 🔲 have n the individual , compa	executed any, corpo	as shown in "Remarks pration, etc. shown at the	, the proe address	cess des inserted	cribed Lbelow		
I hereby certify an	d return that I am	unable to lo	cate the ind	ividual, company,	corporation, etc. named	l above (S	ee remarks below)					
lame and title of indiv	dual served (if not	shown abo	ve)					ble age a	nd discr	etion		
							A person of suitable age and discretion then residing in defendant's usual place of abode					
ddress (complete only	uggerent than sho	wn above)					Date	Time				
N .												
	56 13						Signature of U.S. Ma	rshal or D	eputy			
	Total Mileage Charges including endeavors) Forwarding Fee Total Charges A					Amount owed to U.S. Marshal* or (Amount of Refund*)						
	*					\$0.00						
EMARKS:							φν.υυ					
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RINT 5 COPIES:	CLEBY OF THE	COIDT										

- 2. USMS, RECORD

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- USIMS, RECORD
 NOTICE OF SERVICE
 BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285 Rev. 12/80